

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2010 JUL 19 AM 11:27

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

MICHAEL A. MAURO

Political Party (if applicable)

DEMOCRAT

Office Sought

SECRETARY OF STATE

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

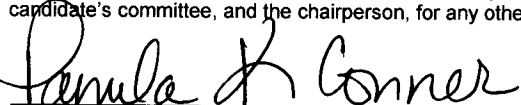
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Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.



SIGNATURE OF PERSON FILING REPORT

515-971-3655

TELEPHONE

7/16/10

DATE SIGNED

I AM FILING A JULY 19, 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

County & Local Committees, enter County in which Election is held

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 127,946.85

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

12,670.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 140,616.85

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

3,720.27

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) .....\$ 136,896.58

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ 1,600.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5.19.10	ID# CK#	CHARLES A. HANSON 300 WALNUT #45 DM, IA 50309		\$75.00	<input type="checkbox"/>
5.19.10	ID# CK#	NANCY ANDREW 1407 LINDEN LANE DM, IA 50315		100.00	<input type="checkbox"/>
5.19.10	ID# CK#	ROXANNE CONLIN 319 7TH ST SUITE 600 DM, IA 50324		1000.00	<input type="checkbox"/>
5.19.10	ID# CK#	DON MAURO 1629 E VIRIGNIA AVE DM, IA 50320	BROTHER	1000.00	<input type="checkbox"/>
5.21.10	ID# CK#	TONY MAURO 3010 STANTON AVE DM, IA 50321	NEPHEW	50.00	<input type="checkbox"/>
5.21.10	ID# CK#	DENNIS MURDOCK 13531 VILLAGE CT CLIVE, IA 50325		50.00	<input type="checkbox"/>
5.21.10	ID# CK#	TOM VILSACK 2229 BANCROFT PL. NW #101 WASHINGTON, DC 20008		250.00	<input type="checkbox"/>
5.21.10	ID# CK#	JAMES MALONEY 3940 RIVER OAKS DR DM, IA 50312		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2775.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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5.24.10	ID# CK#	SUSAN FREMBGEN 1033 KIRWOOD BLVD DAVENPORT, IA 52803		\$50.00	<input type="checkbox"/>
5.24.10	ID# CK#	TIM WADDELL 896 POLK BLVD DM, IA 50312		250.00	<input type="checkbox"/>
5.25.10	ID# CK#	JOHN DORRIAN 1224 SCENIC CIRCLE WDM, IA 50265		50.00	<input type="checkbox"/>
5.29.10	ID# CK#	FRANK TURSI 3830 THORNTON DM, IA 50321		40.00	<input type="checkbox"/>
5.29.10	ID# CK#	BARBARA OCEANLIGHT 3373 ST. MICHAEL DR PALO ALTO, CA 94306		20.00	<input type="checkbox"/>
6.2.10	ID# CK#	RICHARD MARGULIES 2100 WESTOWN PKWY, SUITE 220 WDM, IA 50265		500.00	<input type="checkbox"/>
6.3.10	ID# CK#	JOYCE PALETTA 4415 SW 31ST ST DM, IA 50321		100.00	<input type="checkbox"/>
6.3.10	ID# CK#	VIRGINIA ROWEN 3407 CROCKER ST. DM, IA 50312		25.00	<input type="checkbox"/>
6.8.10	ID# CK#	JOANNE BURGESS 1165 NE 52ND AVE DM, IA 50313		25.00	<input type="checkbox"/>
6.11.10	ID# CK#	LISA TUNKS 2601 E. 39TH ST. DM, IA 50317		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1110.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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6.26.10	ID# CK#	BARBARA OCEANLIGHT 3373 ST. MICHAEL DR. PALO ALTO, CA 94306		\$20.00	<input type="checkbox"/>
6.26.10	ID# CK#	JO ANNA SCHMELING 516 SE BROAD DM, IA 50315		50.00	<input type="checkbox"/>
6.29.10	ID# CK#	PATRICIA DANIELS 1345 BURLINGTON TER DM, IA 50315		25.00	<input type="checkbox"/>
6.29.10	ID# CK#	DAVID HURD 300 WALNUT ST. UNIT 183 DM, IA 50309		500.00	<input checked="" type="checkbox"/>
6.30.10	ID# CK#	MICHAEL GARTNER 100 MARKET ST LOFT 515 DM, AIA 50305		500.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	HOWARD HOY 615 S MARSHALL ST BOONE, IA 50036		100.00	<input type="checkbox"/>
7.3.10	ID# CK#	STACI APPEL 10901 180TH AVE ACKWORTH, IA 50001		100.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	RAYMOND DIPAGLIA 4500 MERLE HAY RD DM, IA 50310		100.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	MATTHEW MCCOY 110 35TH ST DM, IA 50312		100.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	REBECCA MCMAHON 201 GRAND AVE #109 DM, IA 50309		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1595.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

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7.3.10	ID# CK#	TOM TIMMONS BOX 14 PRAIRIE CITY, IA 50228		\$100.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	LARRY LAND 6048 TERRACE DR JOHNSTON, IA 50131		250.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	BRICK, GENTRY, BOWERS, SWARTZ & LEVIS 6701 WESTOWN PKWY SUTIE 100 WDM, IA 50266		250.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	ED SKINNER BOX 367 ALTOONA, IA 50009		500.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	BONNIE J CAMPBELL 3131 FLEUR DR UNIT 702 DM IA 50322		500.00	<input checked="" type="checkbox"/>
7.3.10	ID# CK#	JIM CARNEY 400 HOMESTEAD BLDG. 303 LOCUST ST DM, IA 50309		500.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2100.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

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(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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7.9.10	ID# CK#	MICHAEL CARBERRY 2029 FRIENDSHIP IOWA CITY, IA 52245		\$25.00	<input type="checkbox"/>
7.9.10	ID# CK#	SUZANNE BLOUIN 970 GROVE TERRACE DUBUQUE, IA 52001		200.00	<input checked="" type="checkbox"/>
7.9.10	ID# 6113 CK# 004214	AFSCME/IOWA Public Employees Council 61 People Account, 4320 NW 2nd Ave DM, IA 50313		500.00	<input checked="" type="checkbox"/>
7.10.10	ID# CK#	MICHELLE BUNKERS 4620 SE 34TH ST DM IA 50320		50.00	<input checked="" type="checkbox"/>
7.10.10	ID# CK#	MARILYN SPINA 2545 E. OVID AVE DM, IA 50317		100.00	<input checked="" type="checkbox"/>
7.10.10	ID# CK#	BOB MULQUEEN 2305 GLENWOOD DR DM, IA 50321		100.00	<input checked="" type="checkbox"/>
7.10.10	ID# 6107 CK# 3719	QWEST IPAC 925 HIGH ST 9S9 DM, IA 50309		240.00	<input checked="" type="checkbox"/>
7.10.10	ID# CK#	CONNIE WIMER 100 - 4TH ST DM, IA 50309		250.00	<input checked="" type="checkbox"/>
7.10.10	ID# CK#	JERRY CRAWFORD 1701 RUAN CENTER DM, IA 50309		500.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1965.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

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7.12.10	ID# CK#	ADELE BATES 3706 E 28TH ST DM, IA 50317		\$75.00	<input type="checkbox"/>
7.14.10	ID# CK#	JESSE HARRIS 1105 INDIGO LANE WAUKEE, AI 50263		100.00	<input type="checkbox"/>
7.14.10	ID# CK#	VINCENT DEANGELIS 3812 SW 32ND ST DM, IA 50321		100.00	<input type="checkbox"/>
7.14.10	ID# CK#	JOHN LIEPA 603 E. SALEM AVE INDIANOLA, IA 50125		100.00	<input type="checkbox"/>
7.14.10	ID# CK#	THOMAS J VILSACK 2229 BANCROFT PL NW #101 WASHINGTON, DC 20008		250.00	<input type="checkbox"/>
7.14.10	ID# CK#	MIKE COPPOLA 4521 FLEUR DR SUITE C DM, IA 50321		500.00	<input type="checkbox"/>
7.14.10	ID# 6060 CK# 2681	Iowa Committee on Political Education AFL-CIO 2000 Walker Suite A DM, IA 50317		2000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3125.00	
TOTAL (If last page of this schedule)				\$ 12670.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5.21.10	ID# CK#	POLK COUNTY DEMOCRATS 5661 FLEUR DR DM IA 50321	CONTRIBUTION	\$ 100.00
5.29.10	ID# CK#	ACT BLUE PO BOX 6492 CAMBRIDGE, MA 02238	HANDLING FEE	.79
6.1.10	ID# CK#	MAGNA STAR 300 WALNUT ST. SUITE 245 DM, IA 53009	WEBSITE UPDATES	297.50
6.1.10	ID# CK#	JESSE HARRIS 1105 SE INDIGO LANE WAUKEE, IA	SEE SCHEDULE 1	893.20
6.1.10	ID# CK#	US CELLULAR DEPT 0202 PALATINE, IL 60055	CAMPAIGN CELL PHONE	69.54
6.1.10	ID# CK#	CAPITAL ONE PO BOX 60599 CITY OF INDUSTRY, CA 91716	SEE SCHEDULE 2	1332.04
6.10.10	ID# CK#	CATHOLIC WORKERHOUSE 713 INDIANA AVE DM, IA 50314	CHARITABLE CONTRIBUTION	100.00
6.25.10	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	BLUE DOMINO ACCOUNT	9.99
SUB-TOTAL				\$ 2803.06
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6.26.10	ID# CK#	ACT BLUE PO BOX 6492 CAMBRIDGE, MA 02238	HANDLING FEE	\$ .79
6.28.10	ID# CK#	CAPITOL ONE PO BOX 60599 CITY OF INDUSTRY, CA 91716	SEE SCHEDULE 3	849.36
6.28.10	ID# CK#	US CELLULAR DEPT 0203 PALANTINE, IL	CAMPAIGN CELL PHONE	67.06
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 917.21
TOTAL (if last page of this schedule)				\$ 3720.27

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MICHAEL A. MAURO

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE

**D**

(Rev. 08/98)

INCURRED  
INDEBTEDNESS☐ **CHECK THIS BOX  
IF AMENDING  
FORM****DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	JUNE RENT	\$ 800.00
7/1/10	NDSM PROPERTIES 4316 SW 9TH DM, IA 50315	JULY RENT	800.00
SUB-TOTAL			\$ 1,600.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,600.00

\*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.